

HEALTH BENEFITS COVERAGE DURING NONPAY STATUS

NAME: _____ SSN: _____

ENROLLMENT CODE: _____ COST OF INSURANCE ON A BI-WEEKLY BASIS: \$ _____

EFFECTIVE DATE OF NONPAY _____

ANTICIPATED DATE OF RETURN TO DUTY _____

DO YOU ELECT TO CONTINUE YOUR HEALTH PLAN DURING NONPAY STATUS?

You must respond within 31 days, (45 days for employees residing overseas) of this notice of your FEHB enrollment will automatically terminate.

☐ YES - I elect to continue my health benefits coverage. I understand that I must pay the premiums for my health coverage that continues during nonpay status (or during pay periods when my salary is insufficient to cover the required premium), and that, if I do not settle before or when I return to work the amount due will be recovered through required debt collection procedures.

☐ NO - I do not elect to continue my health benefit coverage. Personnel will submit a SF-2810 to terminate your benefits. Termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB coverage will continue at no cost to you for an additional 31 days. During the 31 days, you and your covered family members may convert to a nongroup contract. The termination is not considered a break in the continuous coverage necessary for continuing FEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must reenroll within 31 days if you want FEHB coverage.

METHOD OF PAYMENT

If you are participating in Health Premium Conversion, please note that payments made by check or money order are made on an after-tax basis.

However, payments made through payroll deductions are made on a pre-tax basis

Checks and money orders are made payable to the U.S. Department of the Interior.

Send all payments to:

U.S. DEPARTMENT OF THE INTERIOR
PAYROLL OPERATIONS DIVISION, D-2613
P O BOX 272030
DENVER, CO 80227-9030

- ☐ 1. I will prepay the cost of my health premium while I am in a nonpay status by check or money order.
- ☐ 2. I elect to prepay through payroll deductions. Payroll Operations will deduct ☐ one lump sum payment to cover the debt, or ☐ will deduct, in addition to the current pay period's premium, an amount equal to one pay period's premium until paid in full.
- ☐ 3. I will pay the cost of my health premium while I am in a nonpay status by check or money order.
- ☐ 4. I elect to make one lump sum payment, ☐ check or ☐ payroll deduction, to cover all health benefit premium costs incurred during non pay status when I return to pay status.
- ☐ 5. I elect to have payroll deductions after my return to work or upon pay becoming sufficient to cover the premium. Payroll Operations will deduct, in addition to the current pay period's premium, an amount equal to one pay period's period's health benefit premium. This payroll deduction will continue until the debt is recovered in full. I further agree that if I do not return to work or that the debt cannot be recovered in full, the debt will be recovered from whatever other source is available for recovery of a debt owed to the United States.

EMPLOYEE SIGNATURE

DATE

AGENCY REPRESENTATIVE SIGNATURE

DATE